


		NTSB ID: ANC91FA018		Aircraft Registration Number: N9444F	
		Occurrence Date: 12/21/1990		Most Critical Injury: Fatal	
		Occurrence Type: Accident		Investigated By: NTSB	
Location/Time					
Nearest City/Place FALSE PASS	State AK	Zip Code 99583	Local Time 1220	Time Zone AST	
Airport Proximity: Off Airport/Airstrip		Distance From Landing Facility: 0		Direction From Airport: 0	
Aircraft Information Summary					
Aircraft Manufacturer CESSNA		Model/Series 208		Type of Aircraft Airplane	
Sightseeing Flight: No			Air Medical Transport Flight: No		
Narrative					
Brief narrative statement of facts, conditions and circumstances pertinent to the accident/incident:					
FACTUAL REPORT - AVIATION					

 National Transportation Safety Board FACTUAL REPORT AVIATION		NTSB ID: ANC91FA018				
		Occurrence Date: 12/21/1990				
		Occurrence Type: Accident				
Landing Facility/Approach Information						
Airport Name		Airport ID: NONE	Airport Elevation Ft. MSL	Runway Used 0	Runway Length	Runway Width
Runway Surface Type:						
Runway Surface Condition:						
Type Instrument Approach: NONE						
VFR Approach/Landing: None						
Aircraft Information						
Aircraft Manufacturer CESSNA		Model/Series 208		Serial Number 20800104		
Airworthiness Certificate(s): Normal						
Landing Gear Type: Tricycle						
Homebuilt Aircraft? No		Number of Seats: 10		Certified Max Gross Wt. 8000 LBS	Number of Engines: 1	
Engine Type: Turbo Prop		Engine Manufacturer: P&W		Model/Series: PT6A-114	Rated Power: 600 HP	
- Aircraft Inspection Information						
Type of Last Inspection AAIP		Date of Last Inspection 11/15/1990		Time Since Last Inspection 94 Hours	Airframe Total Time 1787 Hours	
- Emergency Locator Transmitter (ELT) Information						
ELT Installed? Yes		ELT Operated? Yes		ELT Aided in Locating Accident Site? Yes		
Owner/Operator Information						
Registered Aircraft Owner MARKAIR EXPRESS		Street Address P.O. BOX 190248				
		City ANCHORAGE		State AK	Zip Code 99519	
Operator of Aircraft Same as Reg'd Aircraft Owner		Street Address Same as Reg'd Aircraft Owner				
		City		State	Zip Code	
Operator Does Business As:				Operator Designator Code: HERA		
- Type of U.S. Certificate(s) Held:						
Air Carrier Operating Certificate(s): Commuter Air Carrier						
Operating Certificate:			Operator Certificate:			
Regulation Flight Conducted Under: Part 135: Air Taxi & Commuter						
Type of Flight Operation Conducted: Unknown						
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First Pilot Information																																																																																				
Name		City		State	Date of Birth	Age																																																																														
On File		On File		On File	On File	51																																																																														
Sex: M	Seat Occupied: Left	Principal Profession: Civilian Pilot		Certificate Number: On File																																																																																
Certificate(s): Airline Transport																																																																																				
Airplane Rating(s): Multi-engine Land; Single-engine Land																																																																																				
Rotorcraft/Glider/LTA: None																																																																																				
Instrument Rating(s): Airplane																																																																																				
Instructor Rating(s): Airplane Multi-engine; Airplane Single-engine																																																																																				
Type Rating/Endorsement for Accident/Incident Aircraft? No				Current Biennial Flight Review?																																																																																
Medical Cert.: Class 2		Medical Cert. Status: Valid Medical--w/ waivers/lim.		Date of Last Medical Exam: 05/30/1990																																																																																
<table border="1"> <tr> <th rowspan="2">- Flight Time Matrix</th> <th rowspan="2">All A/C</th> <th rowspan="2">This Make and Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multi-Engine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> <tr> <td>Total Time</td> <td>11000</td> <td>323</td> <td>9000</td> <td>2000</td> <td>1180</td> <td>850</td> <td>70</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pilot In Command(PIC)</td> <td>10000</td> <td>310</td> <td>8500</td> <td>1500</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Instructor</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td>186</td> <td>186</td> <td>186</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td>60</td> <td>60</td> <td>60</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td>4</td> <td>4</td> <td>4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						- Flight Time Matrix	All A/C	This Make and Model	Airplane Single Engine	Airplane Multi-Engine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Actual	Simulated	Total Time	11000	323	9000	2000	1180	850	70				Pilot In Command(PIC)	10000	310	8500	1500							Instructor											Last 90 Days	186	186	186								Last 30 Days	60	60	60								Last 24 Hours	4	4	4							
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Seatbelt Used? Yes		Shoulder Harness Used? Yes		Toxicology Performed? Yes		Second Pilot? No																																																																														
Flight Plan/Itinerary																																																																																				
Type of Flight Plan Filed: VFR																																																																																				
Departure Point		State	Airport Identifier	Departure Time	Time Zone																																																																															
COLD BAY		AK	CDB	1205	AST																																																																															
Destination		State	Airport Identifier																																																																																	
Same as Accident/Incident Location																																																																																				
Type of Clearance: None																																																																																				
Type of Airspace: Class G																																																																																				
Weather Information																																																																																				
Source of Briefing: No record of briefing																																																																																				
Method of Briefing:																																																																																				


 National Transportation Safety Board FACTUAL REPORT AVIATION		NTSB ID: ANC91FA018			
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		Occurrence Type: Accident			

Weather Information					
WOF ID	Observation Time	Time Zone	WOF Elevation	WOF Distance From Accident Site	Direction From Accident Site
	0000		0 Ft. MSL	0 NM	0 Deg. Mag.
Sky/Lowest Cloud Condition: Unknown			0 Ft. AGL	Condition of Light: Day	
Lowest Ceiling: Overcast		500 Ft. AGL	Visibility: 2	SM	Altimeter: "Hg
Temperature: 4 °C	Dew Point: -18 °C	Wind Direction: 130		Density Altitude: Ft.	
Wind Speed: 30	Gusts:	Weather Conditions at Accident Site: Visual Conditions			
Visibility (RVR): 0 Ft.	Visibility (RVV) 0	SM	Intensity of Precipitation: Light		
Restrictions to Visibility: Fog					
Type of Precipitation: Rain					

Accident Information		
Aircraft Damage:	Aircraft Fire:	Aircraft Explosion
Classification:		

- Injury Summary Matrix	Fatal	Serious	Minor	None	TOTAL
First Pilot	1				1
Second Pilot					
Student Pilot					
Flight Instructor					
Check Pilot					
Flight Engineer					
Cabin Attendants					
Other Crew					
Passengers					
- TOTAL ABOARD -	1				1
Other Ground	0	0	0		0
- GRAND TOTAL -	1	0	0		1

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	Occurrence Date: 12/21/1990	
	Occurrence Type: Accident	
Administrative Information		
Investigator-In-Charge (IIC) GEORGE KOBELNYK		
Additional Persons Participating in This Accident/Incident Investigation:		
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